

Dear Ryan White HIV/AIDS Program Colleagues:

The Affordable Care Act (ACA) will benefit People Living with HIV/AIDS (PLWH) in many ways. These benefits include: (1) prohibiting insurers from denying coverage to individuals with pre-existing conditions; (2) stopping insurance companies from dropping coverage just because someone who got sick made a mistake on their application; (3) ending lifetime dollar limits on coverage and phasing out annual limits on essential health benefits by 2014; (4) requiring coverage for inpatient services and other essential health benefit categories; and (5) considering payments from the AIDS Drug Assistance Program (ADAP) as true out-of-pocket expense under Medicare Part D Program. When key parts of the health care law take effect in 2014, there will be a new way for individuals, families, and small business owners to get health coverage through the Health Insurance Marketplace, also known as the Affordable Insurance Exchange.

The HIV/AIDS Bureau recognizes that outreach to and enrollment of Ryan White HIV/AIDS Program (RWHAP) clients into health insurance coverage is critical to ensure that clients fully benefit from the new coverage opportunities created by the health care law. RWHAP grantees and planning bodies are encouraged to review their Fiscal Year 2013 HIV service priorities, allocations, contracts and budgets and consider utilization of RWHAP resources to support Affordable Care Act related outreach and enrollment activities. The attached table highlights RWHAP service categories by Part that can be used to support outreach, benefits counseling and enrollment activities of RWHAP clients into private health insurance plans through the Health Insurance Marketplace and into Medicaid in their jurisdiction.

As more PLWH gain access to health care coverage, it is important to remember that the RWHAP will continue to be the payer of last resort. Grantees and subgrantees must ensure proper use of RWHAP funds and comply with the statutory requirement that RWHAP funds may not be used for any item or service "for which payment has been made or can reasonably be expected to be made by another payment source."

Thank you for your continued commitment to RWHAP clients and your efforts to ensure eligible individuals learn about and enroll in new coverage opportunities. If you have additional questions, please contact your project officer.

Sincerely,

Laura W. Cheever, M.D., Sc.M. Acting Associate Administrator

**Note:** Not all Ryan White providers offer all of the service categories listed below. Decisions regarding use of Ryan White Part A and Part B funding for specific services are made by the jurisdiction based on needs assessment data.

	#	Service Category	Appropriate For	Rationale
	1	Early Intervention Services (EIS) that include identification of individuals at points of entry and access to services and provision of:  Referral services Linkage to care Health education and literacy training that enable clients to navigate the HIV system of care HIV testing (with prior Project Officer approval)  (Core Medical Service)	>Benefits Counseling >Enrollment >Outreach Education	Referrals and linkages to care may include enrollment in Medicaid, Medicare, private insurance plans through the health insurance Marketplaces/Exchanges and benefits counseling. Services are generally provided to clients who are new to care.
Ryan White Part A and Part B	2	Medical Case Management Services (including treatment adherence) to ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, provided by trained professionals, including both medically credentialed and other health care staff who are part of the clinical care team, through all types of encounters including face-to-face, phone contact, and any other form of communication. Activities that include at least the following:  Initial assessment of service needs  Development of a comprehensive, individualized care plan  Coordination of services required to implement the plan  Continuous client monitoring to assess the efficacy of the plan  Periodic re-evaluation and adaptation of the plan at least every 6 months, or more frequently, as necessary.  (Core Medical Service)	➤Benefits Counseling ➤Enrollment	Medical Case Management includes a range of client-centered services that link clients with health care, psychosocial, and other services. This may include benefits/entitlement counseling and referral activities to assist clients with access to other public and private programs for which they may be eligible (e.g., Medicaid, Marketplaces/Exchanges, Medicare Part D, State Pharmacy Assistance Programs, and other State or local health care and supportive services). It will depend on the local structure of the medical case management model. Services are provided to prevent clients from falling out of care.

	#	Service Category	Appropriate For	Rationale
Ryan White Part A and Part B	3	Case Management (Non-medical) services that provide advice and assistance to clients in obtaining medical, social, community, legal, financial, and other needed services  • Benefits/entitlement counseling and referral activities to assist eligible clients to obtain access to public and private programs for which they may eligible  • All types of case management encounters and communications (face-to-face, telephone contact, other)  • Transitional case management for incarcerated persons as they prepare to exit the correctional system  (Support Service)	➤Benefits Counseling ➤Enrollment	The service definition includes benefits/entitlement counseling and referral activities as allowable activities. Services are provided to prevent clients from falling out of care.
	4	Health Education/Risk Reduction services that educate clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission  • Provision of information about available medical and psychosocial support services  • Counseling on how to improve their health status and reduce the risk of HIV transmission to others  (Support Service)	➤Outreach Education	PLWHA who are aware of their status and not in care often cite lack of awareness of health resources. Entry into care is a prevention and risk reduction tool, thus education of clients with regard to the Affordable Care Act and other resources available to them as a key component of health education and risk reduction should occur. Services can be provided to clients who are not in care or who have fallen out of care.
	5	Outreach Services designed to identify individuals who do not know their HIV status and/or individuals who know their status and are not in care and help them to learn their status and enter care  (Support Service)	➤Outreach Education	Outreach services can provide additional information on the Affordable Care Act benefits and help clients learn of their status and enter care. Services are generally provided to clients who are not aware of their status and/or not in care.

	#	Service Category	Appropriate For	Rationale
Ryan White Part A and Part B	6	Referral for Health Care/Supportive Services that direct a client to a service in person or through telephone, written, or other types of communication, including the management of such services where they are not provided as part of Ambulatory/Outpatient Medical Care or Case Management Services May include: benefits/entitlement counseling and referral to refer or assist eligible clients to obtain access to other public and private programs for which they may be eligible, e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturers' Patient Assistance Programs, and other State or local health care and supportive services Referrals may be made:  • Within the Non-medical Case Management system by professional case managers  • Informally through community health workers or support staff  • As part of an outreach program  (Support Service)	➤Benefits Counseling ➤Enrollment ➤Outreach Education	This service specifically mentions benefits/entitlement counseling and referral to refer or assist eligible clients to obtain access to other public and private programs. It supports retention, adherence to services and assists in clients navigating through available resources. Services are generally provided to clients who have a change in insurance status, new eligibility, or require a change in treatment regimen.
Ryan White Minority AIDS Initiative Part B	7	The overall goal of the Ryan White Part B MAI program is to improve minority access to HIV/AIDS medications to treat HIV/AIDS and prevent opportunistic infection through the Part B ADAP and as appropriate to other programs providing prescription drug coverage.	➤Benefits Counseling ➤Enrollment ➤Outreach Education	This service is specifically designed to increase access to medication programs which include Medicaid, Medicare, private insurance through the health insurance Marketplaces/Exchanges and benefits counseling. Services are generally provided to minority clients.

	#	Service Category	Appropriate For	Rationale
Ryan White Part C	8	Medical Case Management including a range of patient-centered services that result in a coordinated care plan, which links patients to medical care, psychosocial, and other services including treatment adherence services.  (Core Medical Service)	➤Benefits Counseling ➤Enrollment	Medical Case Management includes a range of client-centered services that link clients with health care, psychosocial, and other services. This may include benefits/entitlement counseling and referral activities assisting clients to access other public and private programs for which they may be eligible (e.g., Medicaid, Marketplaces/Exchanges, Medicare Part D, State Pharmacy Assistance Programs, and other State or local health care and supportive services). It will depend on the local structure of the medical case management model. In some cases this may be done by eligibility specialist or benefits advocates. Services are provided to prevent clients from falling out of care.
	9	Case Management (Non-medical) services that provide advice and assistance to clients in obtaining medical, social, community, legal, financial, and other needed services May include: Benefits/entitlement counseling and referral activities to assist eligible clients to obtain access to public and private programs for which they may eligible  (Support Service)	➤Benefits Counseling ➤Enrollment	This service definition includes benefits/entitlement counseling and referral activities as allowable activities. Services are provided to prevent clients from falling out of care.
	10	Outreach to identify people with HIV, or at-risk of contracting HIV, to educate them about the benefits of early intervention and link them into primary care  (Support Service)	≻Outreach ≻Enrollment	Outreach services can provide additional information on the Affordable Care Act benefits and help clients learn of their status and enter care. Services are generally provided to clients who are not aware of their status and/or not in care.

	#	Service Category	Appropriate For	Rationale
Ryan White Part D	11	Medical Case Management Services (including treatment adherence) to ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, provided by trained professionals, including both medically credentialed and other health care staff who are part of the clinical care team, through all types of encounters including face-to-face, phone contact, and any other form of communication. Activities that include at least the following:  Initial assessment of service needs Development of a comprehensive, individualized care plan Coordination of services required to implement the plan Continuous client monitoring to assess the efficacy of the plan Periodic re-evaluation and adaptation of the plan at least every 6 months, or more frequently, as necessary.  (Core Medical Service)	➤Benefits Counseling ➤Enrollment	Medical Case Management includes a range of client-centered services that link clients with health care, psychosocial, and other services. This may include benefits/entitlement counseling and referral activities to assist clients with to access to other public and private programs for which they may be eligible (e.g., Medicaid, Marketplaces/Exchanges, Medicare Part D, State Pharmacy Assistance Programs, and other State or local health care and supportive services). It will depend on the local structure of the medical case management model. In some cases this may be left to eligibility specialist or benefits advocates. Services are provided to prevent clients from falling out of care.

#	Service Category	Appropriate For	Rationale
12	Case Management (Non-Medical) services are defined as those services which are needed for individuals with HIV/AIDS to achieve their HIV medical outcomes. Case management which, includes medical, non-medical, and family-centered services. May include:  • Financial assessment/eligibility counselors (staff whose role is to determine client eligibility for Medicaid and other insurance programs and assist them to apply).  • Staff assists clients with linkage, engagement, and retention in HIV care. (Support Service)	➤Outreach Education ➤Enrollment	This service includes patient and family centered benefits/entitlement counseling and referral activities are allowable as part of this service under Ryan White Part D. Services are provided to prevent clients from falling out of care.